

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9609	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Scott E Roth P O Box Bldg Room No if any Street 14848 Jadestone Drive City Sherman Oaks State California ZIP Code + 4 91403	4 Name file number and address of labor organization Name Art Directors Guild IATSE Local 876 Labor Organization File Number 048974 P O Box Building and Room Number if any Street 11969 Ventura Blvd Suite 200 City Studio City State California ZIP Code + 4 91604
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

7.8.05
Date

818.762.9995
Telephone Number

Name of Person Filing Scott Roth	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name PacifiCare Trade Name if any P O Box Bldg Room No if any Box 31053 Street City Laguna Hills State California ZIP Code + 4 92654	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Motion Picture Industry Pension & Health Plans (MPIPHP) Trade Name if any P O Box Bldg Room No if any Street 11365 Ventura Blvd City Studio City State California ZIP Code + 4 91604	11 a Nature of such dealing PacifiCare provides health care services to participants of MPIPHP 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Tickets to sporting event dinner (April 9, 2004) (Also reported on my wife's LM-30) 12 b Amount \$350

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Walt Disney Pictures & Television Trade Name if any P O Box Bldg Room No if any Street 500 S Buena Vista St City Burbank State California ZIP Code + 4 91521	14 a Nature of payment Lunch paid on behalf of my wife (October 6 2004) an employee of another labor organization (also reported on her LM-30) 14 b Amount of payment \$30
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Scott Roth	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Geffner & Bush Trade Name if any P O Box Bldg Room No if any Street 3500 W Olive Ave Suite 1100 City Burbank State California ZIP Code + 4 91505	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Gift of wine (December 25 2004) (Also reported on my wife s LM-30) 12 b Amount \$86

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Nigro Karlin & Segal Trade Name if any P O Box Bldg Room No if any Street 10100 Santa Monica Blvd City Los Angeles State California ZIP Code + 4 90024	14 a Nature of payment Lunch paid on behalf of my wife an employee of another labor organization (also reported on her LM-30)
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$30